

Norris A. Preble Company, Inc.  
PO Box 59  
Madison ME 04950  
(207) 696-5581

APPLICATION FOR  
EMPLOYMENT

Personal

Full Legal Name: \_\_\_\_\_

(Do not put just initial for middle name)

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Education

	From	To	Date Graduated
High School _____	_____	_____	_____

Curriculum _____			
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	From	To	Date Graduated
College _____	_____	_____	_____

Curriculum _____			
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	From	To	Date Graduated
Other _____	_____	_____	_____

Curriculum _____			
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Special Skills or Training (That may qualify you for work with our company)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References – Name, Telephone Number, Years Known

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Employment (Start with most recent)

From	To	Employer – Name and Address	
_____	_____	_____	
			Telephone _____
Starting Salary		Job Title	
_____		_____	
Final Salary		Supervisor’s Name	
_____		_____	
		Duties	
		_____	
		Reason for leaving	
		_____	

From	To	Employer – Name and Address	
_____	_____	_____	
			Telephone _____
Starting Salary		Job Title	
_____		_____	
Final Salary		Supervisor’s Name	
_____		_____	
		Duties	
		_____	
		Reason for leaving	
		_____	

From	To	Employer – Name and Address	
_____	_____	_____	
			Telephone _____
Starting Salary		Job Title	
_____		_____	
Final Salary		Supervisor’s Name	
_____		_____	
		Duties	
		_____	
		Reason for leaving	
		_____	

Position(s) Desired

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Hours/Days Available

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U.S. Military Record

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**DRIVER'S LICENSE NO. \_\_\_\_\_ (PLEASE PROVIDE US WITH A COPY)**

**PLEASE PROVIDE US WITH A COPY OF YOUR TRADE LICENSES (TRAINEE,  
JOURNEYMANS, MASTERS, ETC.)**

**APPLICANT'S STATEMENT**

I certify that statements made by me on this form are true and correct. I understand that if employed, any false statement on this application can be considered cause for dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature \_\_\_\_\_

Date \_\_\_\_\_